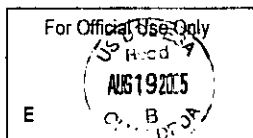


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|---|--|
| 1. File Number U - <u>11058</u> | 2. Fiscal Year Covered From 1 / 1 / 2004 Through: 12 / 31 / 2004 |
| 3. Name and address of person filing. Name Tom D Reynolds P.O. Box, Bldg., Room No., if any Street 195 Adair Road City Burbank State Washington ZIP Code + 4 99323 | 4. Name, file number, and address of labor organization. Name Laborers' Local 348 Labor Organization File Number <u>042215</u> P.O. Box, Building and Room Number, if any PO Box 1530 Street 204 West Clark City Pasco State Washington ZIP Code + 4 99301 |
| 5. Position in labor organization. | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. |

Signature

| | | |
|--|----------------------------|---|
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | |
| Signed <u><i>Tom D Reynolds</i></u> | On <u>08/12/05</u> Date | <u>509 547-7553</u> Telephone Number |

| | |
|------------------------------------|----------------|
| Name of Person Filing Tom Reynolds | File Number U- |
|------------------------------------|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Northwest Cooperation Fund/LECET

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 12201 Tukwilla International Blvd

City Seattle

State Washington ZIP Code + 4 98165-5121

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Northwest Cooperation Fund/LECET

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 12201 Tukwilla International Blvd

City Seattle

State Washington ZIP Code + 4 98165-5121

11.a. Nature of such dealing.

Northwest Cooperation Fund provides for education and cooperation between employers and unions, advertises their services, develops a workforce and advances shared market related interests.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

attended a reception with meal and drinks

12.b. Amount.

\$104

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Tom Reynolds

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NW Laborers Employer Health & Security Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 201 Queen Anne Av N, Suite 100

City Seattle

State Washington ZIP Code + 4 98109-4896

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c.'s checked give trust or employer's name.

Name NW Laborers Employer Health & Security Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 210 Queen Anne Av N, Suite 100

City Seattle

State Washington ZIP Code + 4 98109-4896

11.a. Nature of such dealing.

NWLEHST provides health insurance for union members

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Hotel room and two receptions providing meals and drinks while attend trust meetings. Value is NWLEHST's portion of whole costs as prorated by the trust fund administrator.

12.b. Amount.

\$452

Name of Person Filing Tom Reynolds

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name WA-ID Laborers-Employers Pension Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 201 Queen Anne Av N, Suite 100

City Seattle

State Washington ZIP Code + 4 98109-4896

9. Business deals with

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name WA-ID Laborers-Employers Pension Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 201 Queen Anne Av N, Suite 100

City Seattle

State Washington ZIP Code + 4 98109-4896

11.a. Nature of such dealing.

WILEPT provides pension benefits for retired members

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Hotel room and two receptions providing meals and drinks while attending trust meetings. Value is WILEPT's portion on entire cost as prorated by the trust fund administrator.

12.b. Amount.

\$162

Name of Person Filing Tom Reynolds

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NW laborers Employers Training Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 201 Queen Anne Av n, Suite 100

City Seattle

State Washington ZIP Code + 4 98109-4896

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NW Laborers Employers Training Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 201 Queen Anne Av N, Suite 100

City Seattle

State Washington ZIP Code + 4 98109-4896

11.a. Nature of such dealing.

NWLETT provides job skill training for members.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Hotel room and two receptions providing meals and drinks while attending trust fund meetings. Value is NWLETT portion of entire cost as prorated by the trust fund administrator.

12.b. Amount.

\$32



LABORERS' INTERNATIONAL UNION *of* NORTH AMERICA

LOCAL 348

S. CRAIG MOCHRE
President

TOM REYNOLDS
Business Manager
Secretary - Treasurer

AFFILIATED WITH WASHINGTON AND NORTHERN IDAHO DISTRICT COUNCIL OF LABORERS
P.O. BOX 1530, 204 WEST CLARK, PASCO, WASHINGTON 99301-1013 PHONE (509) 547-7553 FAX (509) 547-4313

August 15, 2005

U.S. Department of Labor
Employee Standards Administrations
Office of Labor-Management Standards
200 Constitution Avenue, NW - Room N-5616
Washington, DC 20210

RE: Form LM-30 Filing for Thomas D. Reynolds

Dear Sir or Madam:

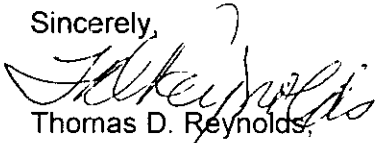
Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record or any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so; I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I have received in 2004.

Sincerely,


Thomas D. Reynolds,
Business Mgr/Sec.-Treasurer
Laborers Local #348

TR/mc
2005-47